



OFFICE OF CONSUMER AFFAIRS
6751 Columbia Gateway Drive, Box 220
Columbia, MD 21046
410-313-6420

APPLICATION FOR SOLICITOR / PEDDLER'S IDENTIFICATION CARD

Applicant is a ☐ **Solicitor** ☐ **Peddler**

Applicant's Name _____

Local Street Address _____

State _____ **Zip Code** _____ **Telephone Number** _____

Permanent Address _____

State _____ **Zip Code** _____ **Telephone Number** _____

E-Mail Address _____

Description: **Height** _____ **Weight** _____ **Date of Birth** _____

Sex _____ **Color of Eyes** _____ **Hair Color** _____

Ethnic Origin (Circle one): Caucasian African American Native American Asian Latino

Other (specify) _____

Employer/Organization _____

Address _____

Contact Person _____ **Telephone #** _____

If Corporation Resident Agent's Name _____ **Telephone #** _____

Address _____

Other names under which the firm trades or operates (List address if different the one listed above.

Vehicle used in soliciting/peddling Make _____ Model _____

Year _____ Color _____ Vehicle Tag Number and State _____

Driver's License Number (attach copy of license) _____

Description of Product/Services Being Sold _____

Location(s) of Soliciting/Peddling _____

Date(s) of Soliciting/Peddling _____

Do you have any State mandated license, registration or permit? Yes _____ No _____

If yes, please attach a copy of the required license. Examples: health department license, home improvement license, work permit for individuals under 18, etc. Failure to provide this information will result in a delay or denial of the Howard County peddler / solicitor registration ID.

Have you ever had a license, registration or permit revoked, denied, or suspended in Howard County or any other jurisdiction?

Yes _____ No _____ If yes, please explain the circumstances: _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If so, please describe the nature of the offense, when/where convicted, and the punishment imposed.

REGISTRATION/ID FEE OF \$100 IS NON-REFUNDABLE

**I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED FOR THIS
SOLICITOR/PEDDLER'S ID IS TRUE AND CORRECT TO THE BEST OF MY
KNOWLEDGE.**

Signature _____ **Date** _____

**If you need this document in an alternate format, please call 410-313-6420 (voice/relay)
or e-mail consumer@howardcountymd.gov**